

NCLEX REVIEW NURSING CHEAT SHEET

Pharmacology

You can not learn all the medications at once. But by learning drug categories and their corresponding name endings, memorization will become easier. This way you'll be able to eliminate many answer choices on your pharma questions.

- **ACE inhibitors and -in** -pril (lisinopril)
- **Beta-blockers and -in** -olol (propranolol)
- **H₂ receptor blockers and -in** -tidine (cimetidine)
- **Anti and -in** -ycin or -cillin (erythromycin, penicillin)
- **Cholesterol lowering drugs and -in** -statin (atorvastatin)



- **Sedatives and -in** -epam (diazepam)
- **Phenothiazines and -in** -azine (promethazine)
- **Glucocorticoids and -in** -one (prednisone)

- **Antibiotics and -in** -in (oxycloxacillin)
- **ARBs and -in** -artan (losartan)
- **Anti and -in** -azole (omeprazole)
- **Anticoagulants and -in** -arin (heparin)



Drug Schedules

- **Schedule I** - no currently accepted medical use and for research use only (e.g., heroin, LSD, MDMA)
- **Schedule II** - drugs with high potential for abuse and requires written prescription (e.g., Ritalin, hydromorphone (Dilaudid), meperidine (Demerol), and fentanyl)
- **Schedule III** - requires new prescription after six months or five refills (e.g., codeine, testosterone, ketamine)

Vital Signs

- Temp: 36.5 to 37.2°C (97.8-99°F)
- BP: 90/60 to 120/80 mm Hg
- Heart rate - 60-100 bpm
- Respiratory Rate: 12 to 20 breaths per minute

Conversions

- 1 teaspoon = 5 mL
- 1 tablespoon = 3 tsp
- 1 oz = 30 mL
- 1 cup = 8 oz
- 1 pint = 2 cups

Convert C to F: C x 1.8
multiply by 32 and
add 32



- 1 quart = 2 pints
- 1 gram (g) = 1000 mg
- 1 gram (g) = 1,000 mg
- 1 kilogram (kg) = 2.2 lbs
- 1 lb = 16 oz

Convert F to C: F - 32
multiply by 5/9 and
subtract 32

Rules of nines for calculating Total Body Surface Area (TBSA) for burns

- Head: 9%
- Arms: 18% (9% each)
- Legs: 36% (18% each)
- Genitalia: 1%
- Back: 18%

Common Diets

- Gallbladder diseases - Low fat, calorie restricted
- Regular Gastritis - Low fiber, bland diet
- Hepatitis - High calorie, high protein
- Hyperlipidemias - Fat controlled, calorie restricted
- Hypertension/Heart Failure/CAD - Low Sodium, calorie restricted, fat controlled
- Kidney Stones - Increased fluid intake, controlled calcium intake, low oxalate

- Obesity/overweight - Calorie restricted, high fiber
- Peptic ulcer - Bland diet
- Pernicious Anemia - Increase Vitamin B12 (Cobalamin), found in high amounts on shellfish, beef liver, and fish

Baby growth

- **2-3 months** able to turn head up, and can turn side to side. Makes cooing or gurgling noises and can turn head to sound.
- **4-5 months** grasps, switches and roll over tummy to back. Can babble and can mimic sounds.
- **6-7 months** sits at 6 and waves bye-bye. Can recognize familiar faces and knows if someone is a stranger. Passes things back and forth between hands.
- **8-9 months** stands straight at night, has favorite toy, plays peek-a-boo.
- **10-12 months** belly to butt.
- **13-23 months** twirls and up, drinks from a cup. Cries when parents leave, uses furniture to climb.

Common Signs and Symptoms

- Diabetes Mellitus - extreme thirst, frequent urination, weight loss, blurred vision
- Chronic Kidney - polyuria, polydipsia, polyuria
- Rheumatoid Arthritis - joint pain, swelling, redness
- Hypertension - headache, dizziness, nosebleeds
- Asthma - wheezing, coughing, chest tightness
- Heart Failure - shortness of breath, swelling, fatigue
- Anemia - weakness, pale skin, fatigue
- Sickle Cell Anemia - pain crises, fatigue, jaundice

Sexual Transmitted Infections

- Gonorrhea - yellow, white, or green discharge
- Chlamydia - white, yellow, or green discharge
- Syphilis - painless ulcer (chancre)
- Herpes - painful blisters
- HIV/AIDS - weight loss, fever, night sweats
- Hepatitis - jaundice, dark urine, abdominal pain

Lab Values

Blood Gas

- pH: 7.35-7.45
- PaCO₂: 35-45 mmHg
- PaO₂: 80-100 mmHg
- HCO₃⁻: 22-28 mEq/L
- pO₂: 75-100 mmHg

Cardiac markers

- Troponin: < 0.05 ng/mL
- Creatinine: < 1.2 mg/dL
- BUN: < 20 mg/dL
- Creatinine: < 1.2 mg/dL

Hematology

- WBC: 4,000-11,000/mm³
- RBC: 4.5-5.5 million/mm³
- Hemoglobin: 12-16 g/dL
- Hematocrit: 37-47%
- Platelets: 150,000-400,000/mm³
- PT: 12-15 seconds
- aPTT: 35-45 seconds
- INR: 1.0-1.5

Lipoproteins & Triglycerides

- LDL: < 100 mg/dL
- HDL: > 40 mg/dL
- TG: < 150 mg/dL
- Total: < 200 mg/dL



Pain Assessment

FLACC

- Face
- Legs
- Cry
- Activity
- Consolability

Types of Pain

- Nociceptive: sharp, well-localized pain that lasts more than 30 minutes.
- Neuropathic: burning, shooting, or tingling pain, often described as electric shocks.

Effects of Pain

- (Pain) causes: increased heart rate, blood pressure, respiratory rate, and oxygen consumption.
- (Pain) causes: decreased appetite, sleep, and immune function.
- (Pain) causes: increased risk of infection and delayed wound healing.

Factors that Influence Pain

- Past experiences
- Anxiety
- Depression
- Age
- Gender
- Culture



Maternity

WBC - Treatment for maternal hypotension after an epidural anesthetic

- Drug infusion of fluids
- Tilt the client on her left side
- If hypotension is present, push for fluids

Newborn Reflexes

- **Babinski** - infant should show a plantar reflex in response to a stimulus.
- **Brudzinksky** - infant should arch back and hold knees to chest in response to a stimulus.
- **Clonus** - infant should show a rhythmic, involuntary contraction of the muscles of the legs in response to a stimulus.
- **Grasp** - infant should grasp a finger or thumb in response to a stimulus.
- **Rooting** - infant should turn head and mouth toward a stimulus.
- **Sucking** - infant should suck in response to a stimulus.
- **Swallowing** - infant should swallow in response to a stimulus.
- **Tonic neck** - infant should turn head to one side in response to a stimulus.
- **Startle** - infant should startle in response to a stimulus.
- **Stepping** - infant should show a stepping reflex in response to a stimulus.
- **Tremor** - infant should show a tremor in response to a stimulus.
- **Visual tracking** - infant should follow a moving object with the eyes.
- **Visual fixation** - infant should fixate on a moving object.
- **Visual orientation** - infant should turn head toward a stimulus.
- **Visual response** - infant should respond to a stimulus.
- **Visual tracking** - infant should follow a moving object with the eyes.
- **Visual fixation** - infant should fixate on a moving object.
- **Visual orientation** - infant should turn head toward a stimulus.
- **Visual response** - infant should respond to a stimulus.

All Nurses Nclex Study Guide

Jennifer A. Meyer



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